2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# P93000008809

Entity Name: BOB JOHNSON PAINTING CORPORATION

Current Principal Place of Business:

798 SW ALTON CIRCLE
PORT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

798 SW ALTON CIRCLE
PORT ST LUCIE, FL 34953

New Mailing Address:

FEI Number: 65-0386169 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, ROBERT D
798 SW ALTON CIR
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JOHNSON, ROBERT D
Address: 798 SW ALTON CIR
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: VPD ( ) Delete
Name: JOHNSON, PAULA C
Address: 798 SW ALTON CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: D ( ) Delete
Name: JOHNSON, LINDSAY
Address: 798 SW ALTON CIRLCE
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: D (X) Delete
Name: JOHNSON, JILLIAN L
Address: 160 SE SOLAZ AVENUE
City-St-Zip: PORT ST LUCIE, FL 34983 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JOHNSON, ROBERT D
Address: 798 SW ALTON CIR
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: D (X) Change ( ) Addition
Name: JOHNSON, JILLIAN L
Address: 798 SW ALTON CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: D (X) Change ( ) Addition
Name: JOHNSON, LINDSAY
Address: 656 GLADES CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT D. JOHNSON P 04/17/2009

Electronic Signature of Signing Officer or Director — Date